



Linda McCulloch, Superintendent
Montana Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501
www.opi.state.mt.us
ATTN: Educator Licensure

MONTANA EDUCATOR LICENSURE REQUEST FOR REDISSEMINATION OF BACKGROUND CHECK INFORMATION

First Name	Middle Initial	Maiden Name	Last Name	
Street		City	State	Zip Code
Telephone:	Date of Birth	Month	Day	Year

The undersigned requests and expressly authorizes the Montana Office of Public Instruction to send a photocopy of the Criminal History Background Check report generated as part of my application for Montana Educator Licensure to the following college, university or school district. The college, university or school district must be a governmental entity, Montana public school district, or "authorized agency" as defined in federal law. I am applying for or have been accepted for enrollment or as an employee of the following

Background Check Report to be sent to _____, a

- ☐ Montana college or university
- ☐ Montana public school district
- ☐ Authorized Agency
- ☐ Other (please explain) _____

Address	
Telephone	Fax
Contact Person	
Signature	Date

**The Office of Public Instruction reserves the right to deny the request
to disseminate any background check information.**

• Request for OPI to share background information with other institutions. •